ECC I	orm 481 - Carrier Annual Reporting	PCC PUHH 401
FCC F		OMB Control No. 3060-0986/OMB Control No. 3060-0819
	Data Collection Form	July 2018
<010	> Study Area Code	
<015	> Study Area Name	
<020	> Program Year	
<030	Contact Name: Person USAC should contact with questions about this data	
<035	<ul> <li>Contact Telephone Number:</li> <li>Number of the person identified in data line &lt;030&gt;</li> </ul>	
<039	> Contact Email Address: Email of the person identified in data line <030>	
	Form Type	

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2018

<010>	Study Area Code							
<015>	Study Area Name							
<020>	Program Year							
<030>	Contact Name - Person USAC should contact regarding	g this data						
<035>	> Contact Telephone Number - Number of person identified in data line <030>							
<039>	Contact Email Address - Email Address of person iden	tified in data line <030>						
<210>	For the prior calendar year, were there any rep	ortable voice service outages?						
<220>	<a> <b1> <b2> <b2> <b3></b3></b2></b2></b1></a>	   <c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h>&gt;</h>

<a></a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h></h>
NORS									Did This Outage		
Reference	Outage Start	Outage Start	Outage End	Outage End	Number of		911 Facilities	Service Outage	Affect Multiple		
Number	Date	Time	Date	Time	<b>Customers Affected</b>	<b>Total Number of</b>	Affected	Description (Check		Service Outage	Preventative
						Customers	(Yes / No)	all that apply)	(Yes / No)	Resolution	Procedures
							, , ,	11.77	, , ,		

(400) Number of Complaints per 1,000 customers	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2018

<010>	Study Area Code
<015>	Study Area Name
<020>	Program Year
<030>	Contact Name - Person USAC should contact regarding this data
<035>	Contact Telephone Number - Number of person identified in data line <030>
<039>	Contact Email Address - Email Address of person identified in data line <030>
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.
<410>	Complaints per 1000 customers for fixed voice
<420>	Complaints per 1000 customers for mobile voice

•	npliance With Service Quality Standards and Consumer Protection Rules ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
<010>	Study Area Code	
<015>	Study Area Name	
<020>	Program Year	
<030>	Contact Name - Person USAC should contact regarding this data	
<035>	Contact Telephone Number - Number of person identified in data line <030>	
<039>	Contact Email Address - Email Address of person identified in data line <030>	

(600) Functionality in Emergency Situations Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
<010> Study Area Code	
<015> Study Area Name	
<020> Program Year	
<030> Contact Name - Person USAC should contact regarding this data	
<035> Contact Telephone Number - Number of person identified in data line <030>	
<039> Contact Email Address - Email Address of person identified in data line <030>	
<600> Certify compliance regarding ability to function in emergency situations	
<610> Descriptive document for Functionality in Emergency Situations	

(800) Op	erating Companies	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018		
Data Coll	ection Form			
<010>	Study Area Code			
<015>	Study Area Name			
<020>	Program Year			
<030>	Contact Name - Person USAC should contact regarding this data			
<035>	Contact Telephone Number - Number of person identified in data line <030>			
<039>	Contact Email Address - Email Address of person identified in data line <030>			
<810>	Reporting Carrier			
<811>	Holding Company			
<812>	Operating Company	·		

<813>	<a1></a1>	<a2></a2>	<a3></a3>
_	Affiliates	SAC	Doing Business As Company or Brand Designation
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Data Collection Form   OMB Control No. 3060-Column   July 2018	
<010> Study Area Code <015> Study Area Name <020> Program Year <030> Contact Name - Person USAC should contact regarding this data <035> Contact Telephone Number - Number of person identified in data line <030> <039> Contact Email Address - Email Address of person identified in data line <030> <900> Does the filing entity offer tribal land services? (Y/N) <910> Tribal Land(s) on which ETC Serves <920> Tribal Government Engagement Obligation	0986/OMB Control No. 3060-0819
<ul> <li>&lt;015&gt; Study Area Name</li> <li>&lt;020&gt; Program Year</li> <li>&lt;030&gt; Contact Name - Person USAC should contact regarding this data</li> <li>&lt;035&gt; Contact Telephone Number - Number of person identified in data line &lt;030&gt;</li> <li>&lt;039&gt; Contact Email Address - Email Address of person identified in data line &lt;030&gt;</li> <li>&lt;900&gt; Does the filling entity offer tribal land services? (Y/N)</li> <li>&lt;910&gt; Tribal Land(s) on which ETC Serves</li> </ul>	
<015> Study Area Name <020> Program Year <030> Contact Name - Person USAC should contact regarding this data <035> Contact Telephone Number - Number of person identified in data line <030> <039> Contact Email Address - Email Address of person identified in data line <030> <900> Does the filling entity offer tribal land services? (Y/N) <910> Tribal Land(s) on which ETC Serves <920> Tribal Government Engagement Obligation	
<020> Program Year <030> Contact Name - Person USAC should contact regarding this data <035> Contact Telephone Number - Number of person identified in data line <030> <039> Contact Email Address - Email Address of person identified in data line <030> <900> Does the filing entity offer tribal land services? (Y/N) <910> Tribal Land(s) on which ETC Serves <920> Tribal Government Engagement Obligation	
<030> Contact Name - Person USAC should contact regarding this data <035> Contact Telephone Number - Number of person identified in data line <030> <039> Contact Email Address - Email Address of person identified in data line <030> <900> Does the filing entity offer tribal land services? (Y/N) <910> Tribal Land(s) on which ETC Serves <920> Tribal Government Engagement Obligation	
<035> Contact Telephone Number - Number of person identified in data line <030> <039> Contact Email Address - Email Address of person identified in data line <030> <900> Does the filing entity offer tribal land services? (Y/N) <910> Tribal Land(s) on which ETC Serves <920> Tribal Government Engagement Obligation	
<039> Contact Email Address - Email Address of person identified in data line <030> <900> Does the filing entity offer tribal land services? (Y/N) <910> Tribal Land(s) on which ETC Serves <920> Tribal Government Engagement Obligation	
<900> Does the filing entity offer tribal land services? (Y/N)  <910> Tribal Land(s) on which ETC Serves  <920> Tribal Government Engagement Obligation	
<910> Tribal Land(s) on which ETC Serves  <920> Tribal Government Engagement Obligation	
<920> Tribal Government Engagement Obligation	
If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes	
to confirm the status described on the attached PDF, on line 920.	
demonstrates coordination with the Tribal government pursuant to	
§ 54.313(a)(5) includes:  Yes or No or  Not Applicable	
<921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions. <922> Feasibility and sustainability planning;	
<923> Marketing services in a culturally sensitive manner;	
<924> Compliance with Rights of way processes	
<925> Compliance with Land Use permitting requirements	
<926> Compliance with Facilities Siting rules	
<927> Compliance with Environmental Review processes	
<928> Compliance with Cultural Preservation review processes	
<929> Compliance with Tribal Business and Licensing requirements.	
SESS COMPRIANCE WITH THOSE DUSINESS and Electroning requirements.	

-	pice and Broadband Service Rate Comparability	FCC Form 481
Data Coll	ection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2018
<010>	Study Area Code	
<015>	Study Area Name	
<020>	Program Year	
<030>	Contact Name - Person USAC should contact regarding this data	
<035>	Contact Telephone Number - Number of person identified in data line <0	
<039>	Contact Email Address - Email Address of person identified in data line <	030>
<1000>	Voice services rate comparability certification	
	, , , , , , , , , , , , , , , , , , ,	
<1010>	Attach detailed description for voice services rate	
11010	comparability compliance	
	and the same of the same	
		Name of Attached Document
<1020>	Broadband comparability certification	
<1030>	Attach detailed description for broadband	
	comparability compliance	
		Name of Attacked Designant
		Name of Attached Document

	o Terrestrial Backhaul Reporting lection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
<010>	Study Area Code	
<015>	Study Area Name	
<020>	Program Year	
<030>	Contact Name - Person USAC should contact regarding this data	
<035>	Contact Telephone Number - Number of person identified in data line <030>	
<039>	Contact Email Address - Email Address of person identified in data line <030>	
<1100>	Certify whether terrestrial backhaul options exist (Y/N)	

- <1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).
- <1140> Alaska Plan rate-of-return certification (yes, no, or not applicable) of compliance with approved performance plan.

(1200) Terms and Condition for Lifeline Customers Lifeline Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
<010> Study Area Code		
<015> Study Area Code  <015> Study Area Name		
<020> Program Year		
<030> Contact Name - Person USAC should contact regarding this data		
<035> Contact Telephone Number - Number of person identified in da		
<039> Contact Email Address - Email Address of person identified in da		
<1210> Terms & Conditions of Voice Telephony Lifeline Plans		
		Name of Attached Document
<1220> Link to Public Website	НТТР	
"Please check these boxes below to confirm that the attached document(s), on li or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers annually report:	0	
<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,		
<1222> Details on the number of minutes provided as part of the plan,		
<1223> Additional charges for toll calls, and rates for each such plan.		

(2005) Price Cap Carrier Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers	July 2018

<010>	Study Area Code
<015>	Study Area Name
<020>	Program Year
<030>	Contact Name - Person USAC should contact regarding this data
<035>	Contact Telephone Number - Number of person identified in data line <030>
<039>	Contact Email Address - Email Address of person identified in data line <030>

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR 54.313(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

<2015> 2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)

# Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification support used to build broadband

# Connect America Phase II Reporting {47 CFR § 54.313(e)}

- <2017A> Connect America Fund Phase II recipient?
- <2017C> Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2017.
- <2018> Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year 54.313(e)(1)(ii)(A)

<2019> Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(1)(ii)(C)

Name of Attached Document Listing Required Information

(3005) Rate C	on Form	FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819  July 2018
<010>	Study Area Code	
<015>	Study Area Name	
<020>	Program Year	
<030>	Contact Name - Person USAC should contact regarding this data	
<035>	Contact Telephone Number - Number of person identified in data line <030>	
<039>	Contact Email Address - Email Address of person identified in data line <030>	

# CAF BLS Reporting

(3008A	Please indicate whether new locations were deployed during the prior calendar year.	(Yes/No)
(3008B)	Please enter the number of new locations deployed in the prior calendar year associated with each of the following speed tiers.	
(3008B1)	Number of newly built locations with access to broadband speeds of at least 10/1 Mbps but less than 25/3 Mbps.	
(3008B2)	Number of newly built locations with access to broadband speeds of 25/3 Mbps or higher.	
(3008C)	Please provide the percentage of deployment across the entire study area.	

(3005) Rate Of Return Carrier Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2018

<010>	Study Area Code
<015>	Study Area Name
<020>	Program Year
<030>	Contact Name - Person USAC should contact regarding this data
<035>	Contact Telephone Number - Number of person identified in data line <030>
<039>	Contact Email Address - Email Address of person identified in data line <030>

Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)	
(3010A)	Certification of Public Interest Obligations {47 CFR § 54.313(f)(1)(i)}	
(3010B)	Please Provide Attachment	Name of Attached Document Listing Required Information
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	
(3012B)	Please Provide Attachment	Name of Attached Document Listing Required Information
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)
(3014)	If yes, does your company file the RUS annual report	(Yes/No)
(3015)	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:  Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)	
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows	
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information
(3018)	If the response is no on line 3014, is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:	(Yes/No)
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers	
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit.  If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:	Page 13
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers	
(3023)	Underlying information subjected to a review by an independent certified public accountant	
(3024)	Underlying information subjected to an officer certification.	
(3025)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows	
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information

(3005) Rate Of Return Carrier Additional Documentation (Continued)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2018

<010>	Study Area Code
<015>	Study Area Name
<020>	Program Year
<030>	Contact Name - Person USAC should contact regarding this data
<035>	Contact Telephone Number - Number of person identified in data line <030>
<039>	Contact Email Address - Email Address of person identified in data line <030>

#### Financial Data Summary

(3027) Revenue

(3028) Operating Expenses

(3029) Net Income

(3030) Telephone Plant In Service(TPIS)

(3031) Total Assets

(3032) Total Debt

(3033) Total Equity

(3034) Dividends

(4005) Rural Broadband Experiment Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2018

<010>	Study Area Code
<015>	Study Area Name
<020>	Program Year
<030>	Contact Name - Person USAC should contact regarding this data
<035>	Contact Telephone Number - Number of person identified in data line <030>
<039>	Contact Email Address - Email Address of person identified in data line <030>

# **4005 Rural Broadband Experiment**

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations and provide a list of newly served community anchor institutions.

# Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

**4001**. Recipient certifies that it is offering broadband meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas.

# Community Anchor Institutions – FCC 14-98 (paragraph 79)

**4003**a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

# If yes to 4003A, please provide a response for 4003B.

**4003b**. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.

(5005) Alaska Plan Participants Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2018

<010>	Study Area Code
<015>	Study Area Name
<020>	Program Year
<030>	Contact Name - Person USAC should contact regarding this data
<035>	Contact Telephone Number - Number of person identified in data line <030>
<039>	Contact Email Address - Email Address of person identified in data line <030>

5005 Alaska Plan

(5010)	Do you participate in the Alaska plan?	Yes/No
(5011)	Please indicate whether any terrestrial backhaul or other satellite backhaul became commercially available in the previous calendar year in areas previously served exclusively by performance-limiting satellite backhaul.	Yes/No
(5012)	If the filing carrier identified in its approved perfomance plans that it relies exclusively on satellite backhaul for a certain poriton of the population in its service area, indicate whether any terrestrial backhaul or other satellite backhaul became commercially available in the previous calendar year in areas that were previously served exclusively by satellite backhaul.	Yes/No

<5013>	<a>&gt;</a>	<b></b>	<c></c>
	Description Of Backhaul Technology	Date Backhaul Available	Newly Served Locations or Population
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	tion - Reporting Carrier lection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018		
<010>	Study Area Code			
<015>	Study Area Name			
<020>	Program Year			
<030>	Contact Name - Person USAC should contact regarding this data			
<035>	Contact Telephone Number - Number of person identified in data line <030>			
<039>	Contact Email Address - Email Address of person identified in data line <030>			

#### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

# Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. Name of Reporting Carrier: Signature of Authorized Officer: Date Printed name of Authorized Officer: Title or position of Authorized Officer: Telephone number of Authorized Officer: Study Area Code of Reporting Carrier: Filing Due Date for this form: Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

	tion - Agent / Carrier lection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018		
<010>	Study Area Code			
<015>	Study Area Name			
<020>	Program Year			
<030>	Contact Name - Person USAC should contact regarding this data			
<035>	Contact Telephone Number - Number of person identified in data line <030>			
<039>	Contact Email Address - Email Address of person identified in data line <030>			

#### TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

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e:

# TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent	t Authorized to File Annual Reports for CAF or LI Recipi	ents on Behalf of Reporting Carrier				
	thorized to submit the annual reports for universal service suppore reporting carrier; and, to the best of my knowledge, the informa	• • • • • • • • • • • • • • • • • • • •				
Name of Reporting Carrier:						
Name of Authorized Agent Firm:						
Signature of Authorized Agent or Employee of Agent:	Signature of Authorized Agent or Employee of Agent: Date:					
Name of Authorized Agent Employee:						
Title or position of Authorized Agent or Employee of Agent						
Telephone number of Authorized Agent or Employee of A	agent:					
Study Area Code of Reporting Carrier:	Filing Due Date for this form:					
Persons willfully making false statements on this for	m can be punished by fine or forfeiture under the Communications Act of 18 of the United States Code, 18 U.S.C. § 1001.	1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title				



(200) Service Data Collect		orting (V	oice)						FCC Form 481 OMB Control N July 2018	lo. 3060-0986/OMB Cont	rol No. 3060-0819
<010> Study Area Code											
<015> St	tudy Area Nam	ne									
<020> P	rogram Year										
<030> C	ontact Name -	Person US	AC should cont	tact regardi	ng this data						
_					ntified in data li						
<039> C	<039> Contact Email Address - Email Address of person identified in data line <030>										
<210> Fo	or the prior o	calendar y	ear, were the	ere any rep	oortable voice	e service outag	ges?				
<a></a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h>&gt;</h>
NORS Reference Number	Outage Star Date	Outage	Outage End Date	Outage	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)		Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventative Procedures

Data Col	lection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
<010>	Study Area Code	
<015>	Study Area Name	
<020>	Program Year	
<030>	Contact Name - Person USAC should contact regarding this data	
<035>	Contact Telephone Number - Number of person identified in data line <030>	
<039>	Contact Email Address - Email Address of person identified in data line <030>	
<810>	Reporting Carrier	
<811>	Holding Company	
<812>	Operating Company	

FCC Form 481

(800) Operating Companies

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
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(5005) Alaska Plan Participants		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
<010>	Study Area Code	
	Study Area Name	
<020>	Program Year	
<030>	Contact Name - Person USAC should contact regarding this data	
<035>	Contact Telephone Number - Number of person identified in data line <030>	
<039>	Contact Email Address - Email Address of person identified in data line <030>	

<5013>	<a></a>	<b></b>	<c></c>
	Description Of Backhaul Technology	Date Backhaul Available	Newly Served Locations or Population
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